Billed Entity Applicant #: 131976	Applicant's Form Identifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773	
BLOCK 5: Discount Funding Request(s)	Page 137 of	319

FRI	N #	(to be assigned by	admini	strator)	
11	Category of Service (only ONE ca O Telecommunications Services	egory should be checked) O Internet Access • Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
<u>.</u>			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an At		n of components and costs, plus any	low. Attachment # USFATCH0103
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site a Number of the entity from Block 4 receiving this s	57 -		
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)			
23	Calculations				

	Recurring Charges					Non-Recurring Charges Total Charges			S	
A	В	C	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	15,000	0	15,000	15,000	90%	\$13,500

Billed Entity Applicant #: 131976	Applicant's Form	Identifier:	DMPS4710101	
Contact Person: Greg Davis	Phone Number:	515-242-7773		
BLOCK 5: Discount Funding Request(s)		Page 138 of	319	

FRI	N #	(to be assigned by	admini	strator)			
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked) O Internet Access • Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C		
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number) Allowable Vendor Selection/	N/A		
			*′	Contract Date: (mm/dd/yyyy)	12/12/2000		
13	SPIN – Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001		
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A		
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002		
21	Description of this Service:	You MUST attach a description of the service, includin relevant brand names. Label this description with an At		n of components and costs, plus any	w. Attachment # USFATCH0103		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.					
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:			
23	Calculations						

	Recu	rring Charges			Nor	Non-Recurring Charges Total Charges			s	
A .	В	С	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	15,000	0	15,000	15,000	80%	\$12,000

Billed Entity Applicant #: 131976	Applicant's Form I	dentifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)	······································	Page 139 of	319

FRI	N #	(to be assigned by	admini	strator)				
11	Category of Service (only ONE cat O Telecommunications Services		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C			
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A			
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000			
13	SPIN – Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001			
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A			
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002			
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an Attack.		n of components and costs, plus any	Attachment # USFATCH0103			
22	22 Entity/Entities Receiving this Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:							
23	Calculations	(e.g. A-1)						

	Recurring Charges					1-Recurring C	harges	Total Charges		
A	В	C	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0 .	0	15,000	0	15,000	15,000	80%	\$12,000

Billed Entity Applicant #: 131976	Applicant's Form Id	DMPS4710101	
Contact Person: Greg Davis	Phone Number: 5	515-242-7773	
BLOCK 5: Discount Funding Request(s)		Page 140 of 3	319

FRI	N #	(to be assigned by	/ admini	strator)				
11	O Telecommunications Services	egory should be checked) O Internet Access Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C			
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A			
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000			
13	SPIN – Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001			
_			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A			
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002			
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # USFATC						
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)						
23	Calculations	1 (*.8 /						

	Recurring Charges					Non-Recurring Charges			Total Charges		
A	В	С	D	E	F	G	H	I	J	К	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	25,000	0	25,000	25,000	60%	\$15,000	

Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 141 of 319

FRI	N #	(to be assigned by	y admini	istrator)				
11	Category of Service (only ONE cat O Telecommunications Services	O Internet Access • Internal Connections "T" if tariffed service, "MTM" if month-to-month services as described in instructions)						
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A			
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000			
13	SPIN – Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001			
			19a	Service State Date (mm/dd/yyyy)	07/01/2001			
			19b	Service End Date (mm/dd/yyyy)	N/A			
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002			
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # USFATCH0103						
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.						
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:				
23	Calculations							

	Non-Recurring Charges			Total Charges						
A	В	C	D	E	F	G	Н	I	J	K
Monthly S charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	15,000	0	15,000	15,000	80%	\$12,000

		pplicant #: 13	1976				Applicant's I	Form Identif	ier: DM	PS4710101			
Contac	t Person:	Greg Dav	vis				Phone Numb	er: 515-2	42-7773				
LOC	K 5: Di	scount Fundin	g Reque	est(s)			Page 142 of 319						
struct ımber	ions: Use the comp	e one Block 5 pag bleted pages to as	ge for EA sure that	CH serv they are	ice (Funding) all processed	Request Num correctly.	ber) for which	you are reque	sting discounts. M	ake as many copi	es of this page a	as necessary, an	
RN #	#				<u></u>	(to be	assigned by	y administ	rator)			· · · · · · · · · · · · · · · · · · ·	
						ed) ● Internal C	onnections		Contract Number (if T" if tariffed service month-to-month services in instructions.	e, "MTM" if ices as	RFP#	00-48C	
P F	Form 470 Application Number: 7043400002966					34000029662	0		Billing Account N (e.g. billed telepho	ne number)	N	/A	
									Allowable Vendor S Contract Date: (mn		12/12	2/2000	
		vice Provider ion Number:			4	143005247		1 .	Contract Award Da (mm/dd/yyyy)	te	01/12/2001		
				143003247				1	Service State Date (mm/dd/yyyy)	07/01/2001		
1 S				 		<u>-</u>			Service End Date (n			/A	
8	Service Pro	ovider Name		 	Gra	ybar Electri	c	20 Contract Expiration Date (mm/dd/yyyy))/2002	
2 l i	relevant brand names. Label this de Entity/Entities Receiving this Service: a. If the service is site-specific (Number of the entity from Blob. If the service is shared by all elements of the entity from Blob.					Label this descr te-specific (pro- tity from Block	vided to one site at 4 receiving this s	and not shared service.	d note number in spa	ntity 58945 -	Attachment #	# USFATCHOI	
(Calculation	ns		(6.)	gA-1)								
		Recu	rring Cl	narges			Non-Recurring Charges				Total Charges		
A	1	В	C	7	D	Е	F	G	Н	I	J	К	
	\$ charges nount for rice)	How much of the \$ amount in (A) is ineligible?	Eligible i pre-dis amo (A mir	scount	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment Request (1 x J)	
	5	0	C)	0	0	50,000	0	50,000	50,000	60%	\$30,000	

Billed Entity Applicant #: 131976	Applicant's Form I	dentifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)		Page 143 of	319

FRN	N #	(to be assigned by	admini	strator)				
11	Category of Service (only ONE cat O Telecommunications Services		RFP #00-48C					
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A			
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000			
13	SPIN – Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001			
	İ		19a	Service State Date (mm/dd/yyyy)	07/01/2001			
 			19b	Service End Date (mm/dd/yyyy)	N/A			
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002			
21	Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>USFATCH0103</u>						
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and Number of the entity from Block 4 receiving this s		by others), list the Entity 589	38			
		b. If the service is shared by all entities on a Block 4 we (e.g. A-1)						
23	Calculations							

	rring Charges			Non-Recurring Charges			Total Charges			
A	В	С	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	15,000	0	15,000	15,000	40%	\$6,000

	ed Entity A	pplicant #: 13	1976				Applicant's Form Identifier: DMPS4710101							
Cont	tact Person:	Greg Da	vis				Phone Number: 515-242-7773							
BLC	OCK 5: Di	scount Fundin	g Requ	est(s)				Pag	ge 144 of 319)				
Instr numl	uctions: Use ber the comp	e one Block 5 pag pleted pages to as	ge for EA	ACH serve they are	vice (Funding) all processed	Request Num correctly.	ber) for which y	you are reque	sting discounts. M	lake as m	any copie	s of this page a	s necessary, and	
FRI	Y #				· · · · · · · · · · · · · · · · · · ·	(to be	e assigned by	y administ	rator)					
11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access • Internal (onnections		Contract Number (i "T" if tariffed service month-to-month serv described in instructi	e, "MTM" rices as		RFP#	00-48C	
12	Form 470	Form 470 Application Number: 7043400002966			0		Billing Account N (e.g. billed telephor		er)	N	/A			
								17	Allowable Vendor S Contract Date: (mn	election/		12/12	/2000	
3		rvice Provider tion Number:		143005247				1.0	Contract Award Da (mm/dd/yyyy)	ite		01/12		
							19a	Service State Date (mm/dd/yyyy)			07/01/2001			
								19b Service End Date (mm/dd/yyyy)				N	/A	
1	Service Provider Name Graybar Elec				ıybar Electri	c		Contract Expiration Date (mm/dd/yyyy)			06/30/2002			
1	Description of this Service: You MUST attach a description of the relevant brand names. Label this des											Attachment #	USFATCH0103	
22	Entity/Entities Receiving this Service: a. If the service is site-specific (pro Number of the entity from Bloc b. If the service is shared by all en					tity from Block	4 receiving this s	service.			58952 -			
3	Calculatio	ns	· ,	(0.)	g. A-1)	<u> </u>				,- <u>, , , , , , , , , , , , , , , , , , ,</u>	<u> </u>	···		
		Recu	rring C	harges			Non	Non-Recurring Charges				Total Charge	<u> </u>	
	A	В	(C	D	E	F	G	Н		1	J	K	
	hly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?	pre-d am	monthly iscount ount inus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?		year pre \$ an	orogram -discount nount & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
•					1			0	25,000	25		80%	\$20,000	

Billed Ent., Applicant #: 131976	Applican's Form Identifier: DMPS4710101	
Contact Person: Greg Davis	Phone Number: 515-242-7773	
BLOCK 5: Discount Funding Request(s)	Page 145 of 319	

FRN	\	(to be assigned by	admini	strator)				
11	O Telecommunications Services	O Internet Access • Internal Connections "T" if tariffed service, "MTM" if month-to-month services as described in instructions)						
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A			
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000			
13	SPIN - Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001			
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A			
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002			
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an Att		n of components and costs, plus any	w. Attachment # USFATCH0103			
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site a Number of the entity from Block 4 receiving this s	ervice.		-			
23	Calculations	b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:				

	Recu	rring Charges			Non-Recurring Charges			Total Charges			
A	В	C	D	E	F	G	Н	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	25,000	0	25,000	25,000	80%	\$20,000	

Billed Em. , Applicant #: 131976	Applie's Form I	dentifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)		Page 146 of	319

FRN	1#	(to be assigned by	/ admini	strator)	
11	O Telecommunications Services	egory should be checked)	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number) Allowable Vendor Selection/	N/A
			17	Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, includin relevant brand names. Label this description with an At		n of components and costs, plus any	w. Attachment # <u>USFATCH0103</u>
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and Number of the entity from Block 4 receiving this s	ervice.		•
		b. If the service is shared by all entities on a Block 4 we (e.g. A-1)	orksheet, lis	t the worksheet number:	
23	Calculations				

	Recu	rring Charges			Nor	ı-Recurring C	harges		Total Charge	S
A	В	С	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	15,000	0	15,000	15,000	50%	\$7,500

Billed Entity Applicant #: 131976	Applicant's Form Identifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7	1773
BLOCK 5: Discount Funding Request(s)	Page 1	147 of 319

FRN	V #	(to be assigned by	y admini	istrator)	
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked)	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN - Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an Attack.		on of components and costs, plus any	ow. Attachment # USFATCH0103
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and Number of the entity from Block 4 receiving this s		by others), list the Entity 589	28 -
		b.If the service is shared by all entities on a Block 4 we (e.g. A-1)	orksheet, lis	t the worksheet number:	
23	Calculations				

	Recu	rring Charges			Nor	-Recurring C	harges		Total Charge	S
A	В	C	D	E	F	G	H	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	40,000	0	40,000	40,000	50%	\$20,000

Billed Entry Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 148 of 319

FRI	N #	(to be assigned by	y admini	strator)	
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked) O Internet Access • Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C
12	Form 470 Application Number:	704340000296620	16 17	Billing Account Number: (e.g. billed telephone number) Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	N/A 12/12/2000
13	SPIN – Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an Attack.	_	•	ow. Attachment # <u>USFATCH0103</u>
22	Entity/Entities Receiving this Service:	 a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this s b. If the service is shared by all entities on a Block 4 (e.g. A-1) 	service.		53 -
23	Calculations				

	Recu	rring Charges			Nor	i-Recurring C	harges		Total Charge	S
A	В	C	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual prediscount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & II)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	15,000	0	15,000	15,000	80%	\$12,000

	d Entity A _l	pplicant #: 13	1976				Applicant's I	Form Iden	tifier:	MPS471	0101		
Cont	act Person:	Greg Dav	vis				Phone Numb	er: 515	5-242-7773				
BLC	CK 5: Di	scount Fundin	g Reque	est(s)	,,			P	age 149 of 3	19			
Instri numb	octions: Use oer the comp	e one Block 5 pag oleted pages to as	ge for EA sure that	CH serv they are	ice (Funding all processed	Request Num	ber) for which	you are req	uesting discounts	Make as	many copie	es of this page	as necessary, and
FRN	l #					(to b	e assigned by	y admini	strator)				
l 1		of Service (only (mmunications Se		_		ed) • Internal C	Connections	15	Contract Numb "T" if tariffed se month-to-month described in insti	vice, "MTN services as		RFP #00-48C	
12	Form 470	Application Nu	mber:		7043	34000029662	0	16	Billing Accourte.g. billed tele	t Number		N	/ A
							-	17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12	/2000
13		rvice Provider tion Number:]	143005247		18	Contract Award (mm/dd/yyyy)	·			/2001
								19a	Service State Date (mm/dd/yyyy)			07/01	/2001
4	Sarvigo Dr.	ovider Name						19b	Service End Date (mm/dd/yyyy)				/A
	Service II	ovidei Name			Gra	ybar Electri	c	20	Contract Expiration Date (mm/dd/yyyy)			06/30	/2002
1		n of this Service:		relevan	brand names. I	abel this desc	ription with an At	ttachment #,	n of components ar and note number in	space prov	ided below.	Attachment #	USFATCH0103
22	Service:	ities Receiving thi	S	Nı	mber of the ent	ity from Block	4 receiving this s	service.	ed by others), list the		58990 -		
23	Calculation	ns			g. A-1)		THE STATE OF A DIOCK T						
	L	Recu	rring Cl	harges			Non	ı-Recurrin	g Charges			Total Charge	S
	A	В	-	7	D	E	F	G	Н		I	J	K
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	0	0		0	0	0	25,000	0	25,000		25,000	60%	\$15,000

	1976		· · · · · · · · · · · · · · · · · · ·		Applicant's F			PS4710101		
Greg Da	_				Phone Numb	···	242-7773			
scount Funding	g Reque	est(s)				Pa	ge 150 of 319	1		
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				•	onnections	15	"T" if tariffed service month-to-month serv	e, "MTM" if ices as	RFP #	00-48C
Application Nu	ımber:		7043	34000029662	0	16	Billing Account N	umber:	N	/A
			, , ,		~	17	Allowable Vendor S	election/	12/12	2/2000
vice Provider ion Number:				143005247		18		te		
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ovider Name			Gra	ybar Electric	c	20		n Date	06/30	0/2002
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ns		(e.g	ζ. A-1)		···,					
Recu	rring Cl	harges			Non	-Recurring	Charges		Total Charge	s
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0	(0	0	0	15,000	0	15,000	15,000	50%	\$7,500
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Bille	d Entity A	pplicant #: 13	1976			Applicant's I	orm Ident	ifier: DM	IPS4710101		
Cont	act Person	Greg Da	vis			Phone Numb	er: 515-	-242-7773	-		
BLC	OCK 5: Di	scount Fundin	g Request(s)			Pa	ge 151 of 319			
Instri	er the comp	e one Block 5 pag pleted pages to as	ge for EACH sure that they	service (Funding are all processed	Request Numl	ber) for which	you are requ	esting discounts. N	lake as many cop	ies of this page	as necessary, and
FRN	N #				(to be	assigned by	y adminis	trator)	**************************************		
11		of Service (only on the control of Service (only of Service)	_	should be check	ced) ● Internal C		15	Contract Number ("T" if tariffed service month-to-month services described in instruct	e, "MTM" if vices as	RFP#	00-48C
12	Form 470	Application Nu	mber:	704	1340000296620)	16	Billing Account N (e.g. billed telepho	ne number)	N	/A
							17	Allowable Vendor S Contract Date: (m	m/dd/yyyy)	12/12	2/2000
13		rvice Provider tion Number:			143005247		18	Contract Award Da (mm/dd/yyyy)			2/2001
							19a	Service State Date (//2001
14	Service Pr	ovider Name		Gr	aybar Electric	e	19b 20	Contract Expiratio (mm/dd/yyyy)			/A 0/2002
21	Descriptio	n of this Service:						of components and cand note number in sp		. Attachment	# USFATCH0103
22	Entity/Ent Service:	ities Receiving thi	s a.	Number of the en	ntity from Block	4 receiving this s	ervice.	d by others), list the E		-	
23	Calculatio	ns		(0,8,)	···_	·					
		Recu	rring Charg	es		Nor	-Recurring	Charges		Total Charge	s
	A	В	С	D	E	F	G	Н	I	J	К
	nly \$ charges amount for	How much of the \$ amount in (A)	Eligible mont pre-discoun		Annual pre- discount for	Annual non- recurring (one	How much of the \$ amour		Total program year pre-discount	% discount (from Block 4	Funding Commitment \$

time)\$

charges

15,000

provided in

program year

0

amount

(A minus B)

0

eligible

recurring

charges (C x D)

is ineligible?

0

service)

0

in (F) is

incligible?

0

amount for one-

time charges

(F minus G)

15,000

\$ amount (E & H)

15,000

worksheet)

80%

Request (I x J)

\$12,000

	applicant #: 13	1976			Appli s F	orm Identifi	er: DM1	PS4710101		
ontact Per	rson: Greg Dav	vis			Phone Numb	er: 515-2	42-7773			······································
LOCK 5	: Discount Fundin	g Request(s				Page	e 152 of 319			
structions: mber the (: Use one Block 5 pag completed pages to as	ge for EACH s sure that they	ervice (Funding are all processed	Request Num correctly.	ber) for which y	you are reques	sting discounts. M	ake as many copie	es of this page a	as necessary, and
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	gory of Service (only (elecommunications Se					15 C	Contract Number (i. T" if tariffed service nonth-to-month servi	, "MTM" if ices as	RFP#	00-48C
	n 470 Application Nu	 ,		34000029662		16 1	lescribed in instruction Billing Account Note. e.g. billed telephore	umber:	N	/A
						17 A	Allowable Vendor S Contract Date: (mm	election/	12/12	./2000
l l	– Service Provider tification Number:			143005247		18	Contract Award Da		01/12	
				145005217		19a S	19a Service State Date (mm/dd/yyyy)			/2001
Comi	ce Provider Name						Service End Date (m		N/A	
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	y/Entities Receiving thi		If the service is si Number of the en	te-specific (pro	vided to one site	and not shared	d note number in spa		Attachment #	# USFATCH0103
Servi		b.		nared by all enti	ties on a Block 4	worksheet, list	the worksheet numb	er:		
	ulations	b.	If the service is sh (e.g. A-1)	nared by all enti	ities on a Block 4	worksheet, list	the worksheet numb	er:		
		b.	(e.g. A-1)	nared by all enti	ities on a Block 4	worksheet, list		er:	Total Charge	s
			(e.g. A-1)	nared by all enti	ities on a Block 4	worksheet, list		er:	Total Charge	s K
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~ · · · · · · · · · · · · · · · · · · ·	pplicant #: 13						Form Ider		DMPS4	471U1 ———	01 	····	
Contact Person						Phone Numb	er: 51:	5-242-7773					
BLOCK 5: D	iscount Fundin	g Reque	est(s)				1	age 153 c	of 319				
nstructions: Us umber the com	e one Block 5 pag pleted pages to as	ge for EA sure that	CH serv they are	ice (Funding I all processed	Request Num correctly.	ber) for which y	ou are rec	uesting discou	ints. Make	as ma	iny copie:	s of this page a	is necessary, and
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	of Service (only ommunications Se			ould be checken			15	Contract Nu "T" if tariffed month-to-mo	l service, "N nth services	иТМ" as		RFP #00-48C	
2 Form 476	0 Application Nu	ımber:	 .	7043	34000029662	0	16	described in instructions) 16 Billing Account Number: (e.g. billed telephone number)			r)	N	/A
							17	Allowable V Contract Da	endor Selec	ction/		12/12	2/2000
	SPIN Service Provider Identification Number: 143005						18	Contract Award Date (mm/dd/yyyy)					2/2001
Ì	1430032						19a	Service State		/dd/yy	/y)		/2001
4 Service Pi	Comice Devital No.						19b	Service End Date (mm/dd/yyyy)			y)	N/A	
Service Pi	Service Provider Name Graybar Ele					c	20	Contract Expiration Date (mm/dd/yyyy)				06/30/2002	
Description	on of this Service:					service, including interpretation with an At						Attachment #	USFATCH0103
2 Entity/En Service:	tities Receiving thi	is	Nι	imber of the ent	ity from Block	vided to one site a 4 receiving this s ties on a Block 4	service.			/	58956 -		
3 Calculation	anc .	<u> </u>		g. A-1)	area by un end	THE STATE OF THE S		——————————————————————————————————————			 		
		rring C	harase			Non	-Dacurrii	ng Charges				Total Charge	
A	B	(D	E	F	G	H]		J	К
onthly \$ charges total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible pre-di amo		# of months service provided in program year	Annual pre- discount for eligible recurring charges	Annual non- recurring (one time) \$ charges	How much the \$ amo in (F) in ineligible	n of Annual e unt pre-disc s amount f	ligible ount \$ y or one- arges	Total p ear pre- \$ am	rogram discount	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0		0	0	(C x D) 0	15,000	0	15,0	00	15,	000	80%	\$12,000

	$\frac{-1}{\text{Entio}}$	plicant #: 13	1976				Applic s F	orm Identi	fier: DM I	PS4710101		,
Conta	t Person:	Greg Day			· ····		Phone Number	er: 515-2	242-7773			<u></u> .
LOC	K 5: Dis	count Funding	g Requ	est(s)		I		Pag	ge 154 of 319			
struc ımbe	tions: Use	one Block 5 pag leted pages to ass	ge for EA sure that	CH serv	ice (Funding I	Request Num correctly.	ber) for which y	ou are reque	esting discounts. M	ake as many copi	es of this page a	is necessary, and
RN	#					(to be	e assigned by	administ	rator)			
ļ		f Service (only (ed)		15	Contract Number (in "T" if tariffed service month-to-month service	, "MTM" if	RFP #00-48C	
		nmunications Se	_	O Inter	net Access	● Internal C	onnections		described in instruction			
	Form 470 .	Application Nu	mber:		7043	34000029662	0	16	Billing Account No. (e.g. billed telephor		N	/ A
								17	Allowable Vendor S Contract Date: (mm	election/	12/12	2/2000
- 1	SPIN – Service Provider Identification Number: 1430052							18	Contract Award Da (mm/dd/yyyy)	te		
1	1430032							19a	Service State Date (1	mm/dd/yyyy)	01/12/2001 07/01/2001	
\dashv	Samina Dravidar Varia								Service End Date (m		N/A	
	Service Provider Name Graybar Ele					ybar Electric	c	20	Contract Expiration (mm/dd/yyyy)	Date	06/30/2002	
- 1	Service:	ties Receiving thi	s	b. If t	umber of the ent	tity from Block	4 receiving this s	ervice	I by others), list the Er			
_												
	Calculation									B		
		Recu	rring C					-Recurring			Total Charge	
	Calculation A			harges	D	E	Non F	-Recurring G	Н	I	Total Charge	s K
onthly	A	Recu	Eligible pre-di ame	C	# of months service provided in program year	E Annual prediscount for eligible recurring charges (C x D)			H f Annual eligible	Total program year pre-discount \$ amount (E & H)		

Joni		pplicant #: 13						orm Identi		PS4710101			
	act Person:						Phone Number		242-7773				
LC	CK 5: Di:	scount Fundin	g Reque	est(s)				Pa	ge 155 of 319				
stri ml	er the comp	e one Block 5 pag eleted pages to as	ge for EA sure that	.CH serv they are	ice (Funding lall processed	Request Num correctly.	ber) for which y	ou are requ	esting discounts. M	ake as many copi	es of this page	as necessary, and	
RI	T #		-	• • • • • • • • • • • • • • • • • • • •		(to be	e assigned by	adminis	trator)				
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	1 31 11 170	reppication iva	inver.		7043	340000296620	_					/A	
								17	Allowable Vendor S Contract Date: (mm		10/10	1/2000	
	SPIN – Service Provider Identification Number: 143005							18	Contract Award Date (mm/dd/yyyy)		12/12/2000 01/12/2001		
	identification (vumber). 143005.							19a	Service State Date (1		07/01/2001		
	Service Dr	ovider Name				-d 723 - 4-5		19b	Service End Date (m		N/A 06/30/2002		
	Service 110		·		Gra	ybar Electri	e	20	Contract Expiration (mm/dd/yyyy)	Date	00/30/2002		
Entity/Entities Receiving this Service: a. If the service is site-specific Number of the entity from B b. If the service is shared by all					imber of the ent	ity from Block	4 receiving this s	ervice					
	Calculation	ns		\ <u>\</u>	<u> </u>	<u> </u>						·····	
	į.						1		<u></u>	T	TO A LOU	_	
	<u></u>	Recurring Charges						-Recurring	Charges		Total Charge	S	
}	A	Recu B	rring Cl		D	E	F Non	-Recurring G	Charges H	I	J J	s K	
ota	A sly \$ charges amount for ervice)		Eligible pre-dis	2	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)			H Annual eligible pre-discount \$ amount for one-	Total program year pre-discount \$ amount (E & H)			

Billed Entuy Applicant #: 131976	Applicant's Form Iden	ntifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number: 515	5-242-7773	
BLOCK 5: Discount Funding Request(s)	P	Page 156 of	319

FRN	1#	(to be assigned by	admini	strator)	,
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked) O Internet Access • Internal Connections	15	Contract Number (if available; u "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a 19b	Service State Date (mm/dd/yyyy Service End Date (mm/dd/yyyy)	
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, includin relevant brand names. Label this description with an At		n of components and costs, plus any	
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site a Number of the entity from Block 4 receiving this site.	ervice.		8969 -
23	Calculations	b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	

	Recu	rring Charges			Nor	-Recurring C	harges		Total Charge	s
A	В	С	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)
0	0	0	0	0	15,000	0	15,000	15,000	80%	\$12,000

Billed Entry Applicant #: 131976	Applic's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 157 of 319

FRI	N #	(to be assigned by	y admini	strator)	
11	Category of Service (only ONE cat O Telecommunications Services		15	Contract Number (if available; us "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C
12	Form 470 Application Number:	704340000296620	16 17	Billing Account Number: (e.g. billed telephone number) Allowable Vendor Selection/	N/A
	<u></u>		1	Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN - Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an Attack.			elow. Attachment # USFATCH0103
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this s	service.		984 -
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
23	Calculations				

	Recu	rring Charges			Nor	-Recurring C	liarges		Total Charge	s
A	В	С	D	E	F	G	Н	I	J	К
Monthly \$ charges (lotal amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	50,000	0	50,000	50,000	80%	\$40,000

Billed Entry Applicant #: 131976	Applican's Form Identifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773	
BLOCK 5: Discount Funding Request(s)	Page 158	of 319

FRI	N #	(to be assigned by	admini	strator)	
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked) O Internet Access • Internal Connections	15	Contract Number (if available; us "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C
12	Form 470 Application Number:	704340000296620	16 17	Billing Account Number: (e.g. billed telephone number) Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	N/A 12/12/2000
13	SPIN - Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy) Service State Date (mm/dd/yyyy)	01/12/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an African service.		n of components and costs, plus any	elow. Attachment # <u>USFATCH0103</u>
22	Entity/Entities Receiving this Service:	 a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this s b. If the service is shared by all entities on a Block 4 	ervice.		877 -
23	Calculations	(e.g. A-1)			

	Recu	rring Charges			Non	Non-Recurring Charges			Total Charges			
A	В	C	D	E	F	G	Н	I	J	К		
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)		
0	0	0	0	0	15,000	0	15,000	15,000	80%	\$12,000		

Billed Entity Applicant #: 131976							Applicant's Form Identifier: DMPS4710101							
Contact Person: Greg Davis							Phone Numb	er: 515	-242-7773					
BLC	CK 5: Di	scount Funding	g Reque	est(s)			· · · · · · · · · · · · · · · · · · ·	P	age 159 of 319					
Instri numl	octions: Use per the comp	one Block 5 pag leted pages to as	ge for EA sure that	CH serv they are	ice (Funding all processed	Request Num correctly.	ber) for which y	you are requ	esting discounts. M	fake as m	any copie	es of this page a	is necessary, and	
FRI	ĭ #					(to be	assigned by	v adminis	trator)	-				
11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal C						15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48C			
2	Form 470	Application Nu	ımber:		7043	34000029662)	16	Billing Account N (e.g. billed telepho	lumber: ne numb	er)	N/A		
							17	Allowable Vendor S Contract Date: (mi		,	12/12/2000			
3		vice Provider ion Number:				143005247		18		Contract Award Date			01/12/2001	
			[143003247				19a	Service State Date (mm/dd/yyyy)			07/01/2001		
								19b	Service End Date (r		/y)	N/A		
1	Service Provider Name Graybar Elec						e	20	Contract Expiration Date (mm/dd/yyyy)			06/30/2002		
1	Description of this Service: You MUST attach a description of relevant brand names. Label this de								of components and co			Attachment #	USFATCH0103	
2	Entity/Ent Service:	ities Receiving thi	is				ded to one site ar 4 receiving this s		by others), list the En	tity	58973 –			
	b.If the service is shared by all entered (e.g. A-1)						on a Block 4 wo	orksheet, list	the worksheet number:	.	1			
3	Calculation	ns				·								
		Recu	rring Ch	arges			Non	ı-Recurrin	ing Charges Total Charges					
	A	В	C		D	E	F	G	Н		I	J	K	
Monthly \$ charges (total amount for service)		How much of the \$ amount in (A) is ineligible?	Eligible i pre-dis amo (A mii	count unt	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much the \$ amou in (F) is ineligible	nt pre-discount \$ amount for one-	year pro \$ aı	orogram -discount nount & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
		0		0 0		0	15,000	0	15,000	15,000	80%	\$12,000		

Billed Entil, Applicant #: 131976	Applican's Form Identifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773	
BLOCK 5: Discount Funding Request(s)	Page 160 c	of 319

Category of Service (only ONE cat	(to be assigned by						
O Telecommunications Services		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C			
Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A			
		17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000			
SPIN – Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001			
		19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A			
Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002			
Description of this Service:	You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # USFAT						
Entity/Entities Receiving this Service:	Number of the entity from Block 4 receiving this s	3 -					
	b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:				
	Form 470 Application Number: SPIN – Service Provider Identification Number: Service Provider Name Description of this Service: Entity/Entities Receiving this Service:	Form 470 Application Number: 704340000296620 SPIN – Service Provider Identification Number: 143005247 Service Provider Name Graybar Electric Poscription of this Service: You MUST attach a description of the service, including relevant brand names. Label this description with an Attentity/Entities Receiving this Service: a. If the service is site-specific (provided to one site and Number of the entity from Block 4 receiving this service) b. If the service is shared by all entities on a Block 4	Form 470 Application Number: 704340000296620 17 SPIN – Service Provider Identification Number: 143005247 19a 19b Service Provider Name Graybar Electric 20 Description of this Service: You MUST attach a description of the service, including breakdow relevant brand names. Label this description with an Attachment #, Entity/Entities Receiving this Service: a. If the service is site-specific (provided to one site and not shar Number of the entity from Block 4 receiving this service. b. If the service is shared by all entities on a Block 4 worksheet, (e.g. A-1)	O Telecommunications Services Form 470 Application Number: 704340000296620 SPIN - Service Provider Identification Number: 143005247 Service Provider Name Graybar Electric Tou MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below the service. In the service is shared by all entities on a Block 4 worksheet, list the worksheet number: Tour Allowable Vendor Selection (e.g. billed telephone number) Tour Allowable Vendor Selection (e.g. billed telephone nu			

		Nor	n-Recurring C	harges	Total Charges					
A	В	C	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual prediscount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)
0	0	0	0	0	25,000	0	25,000	25,000	60%	\$15,000

Applicant #: 13 on: Greg Dav Discount Fundin Use one Block 5 page ompleted pages to as:	vis g Request(s)			Applicant's F	er: 515-2	242-7773	PS4710101		
Discount Fundin	g Request(s)			Phone Numb					
Use one Block 5 pag					Doc				
Use one Block 5 pag empleted pages to as	ge for EACH sei				газ	ge 161 of 319			
	sure that they ar	vice (Funding e all processed	Request Numl correctly.	ber) for which y	you are reque	sting discounts. Ma	ake as many copie	es of this page a	is necessary, and
			(to be	assigned by	y administ	rator)			
ery of Service (only (,	Connections 15 Contract Number (if availal "T" if tariffed service, "MTM month-to-month services as described in instructions)			, "MTM" if ces as	RFP #00-48C		
470 Application Nu	mber:	704	340000296620)	16	Billing Account Na	umber:	N/A	
					17	Allowable Vendor So	election/	12/12/2000	
Service Provider ication Number:			143005247		18	Contract Award Dat		01/12/2001	
			145005247		19a	Service State Date (r		07/01/2001	
Provider Name		Gra	avbar Electric						
Graybar Elec						(mm/dd/yyyy)			
:	b. 1	lumber of the en f the service is sh	tity from Block	4 receiving this s	service.				
									
	rring Charges							, ,	
	С	D	E	F	G	Н	I	J	K
How much of the samount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges			Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	15,000	0	15,000	15,000	80%	\$12,000
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Service Provider ication Number: Provider Name Provider N	Service Provider ication Number: Provider Name A continuation of this Service: Provider Name A continuation of the start of	Service Provider fication Number: Provider Name Otion of this Service: Entities Receiving this Eligible monthly for months service is since amount for month service is necessary and mount for month service is necessary amount for month service provided in program year	Service Provider ication Number: Provider Name Graybar Electric Provider Number: Provider Name Graybar Electric Number: You MUST attach a description of the relevant brand names. Label this description of the service is site-specific (providence). If the service is shared by all enting (e.g. A-1). Recurring Charges B C D E Samount in (A) is ineligible? Samount in (A) is ineligible? (A minus B) # of months discount for eligible recurring charges (C x D).	Service Provider ication Number: 143005247 Provider Name Graybar Electric You MUST attach a description of the service, including relevant brand names. Label this description with an Attach and the service is site-specific (provided to one site and Number of the entity from Block 4 receiving this b. If the service is shared by all entities on a Block 4 (e.g., A-1) Recurring Charges Recurring Charges None Recurring Charges How much of the Samount in (A) is ineligible? Samount in (A) is ineligible? Annual non-recurring (one time) \$ charges (C x D) Charges Charges Charges Charges Charges Charges Charges Charges Company of the service, including relevant brand names. Label this description with an Attach and escription of the service, including relevant brand names. Label this description with an Attach and escription of the service, including relevant brand names. Label this description with an Attach and escription of the service, including relevant brand names. 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